TREATMENT PROTOCOL: SYMPTOMATIC BRADYCARDIA (ADULT)

1. Basic airway
2. Oxygen/pulse oximetry
3. Cardiac monitor: document rhythm and attach ECG strip if dysrhythmia identified
   Bradycardia in acute MI may reflect a protective cardiac mechanism
   Perform a 12-lead ECG
4. Venous access
5. Supine position prn
6. Advanced airway prn
7. Continuous monitoring en route, assess for signs of poor perfusion
8. If poor perfusion:
   Atropine
   0.5mg IV push
9. If no improvement:
   Transcutaneous pacing (TCP) if available
   Immediate TCP for patients with heart rate equal to or less than 40bpm and SBP equal to or less than 80mmHg in 2nd degree (Type II) heart block or 3rd degree heart block
   Do not delay TCP for venous access
   Recommended setting initial rate at 70bpm/0mA, slowly increase mA's until capture is achieved
10. **ESTABLISH BASE CONTACT (ALL)**
11. If TCP is not available consider:
    Dopamine
    400mg/500ml NS IVPB
    Start at 30mcgtts/min titrate to SBP 90-100mmHg and signs of adequate perfusion or to a maximum of 120mcgtts/min
12. If TCP is utilized in the awake patient, consider sedation or analgesia
    Midazolam
    1-2mg slow IV push titrate for sedation
    2.5mg IM or IN if unable to obtain venous access
    May repeat every 5min, maximum total adult dose 10mg all routes
    Morphine
    2-12mg slow IV push for analgesia
    4mg IM one time if unable to obtain venous access
    Maximum total adult dose 20mg
13. If patient continues to have symptomatic bradycardia or TCP is not available:
    Atropine
    0.5mg IV push
    May repeat every 3-5min, maximum total adult dose 3mg
14. Consider fluid challenge
    Normal Saline
    10ml/kg IV at 250ml increments
    Use caution with rales